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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/560,336-Conf. #2542
<b>Filing Date</b>	June 14, 2004
<b>First Named Inventor</b>	Claudia Woppmann
<b>Title</b>	DOUBLE-STRANDED RIBONUCLEIC ACID WITH INCREASED EFFECTIVENESS IN AN ORGANISM
<b>Art Unit</b>	N/A
<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b>	APX-026.01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 49756

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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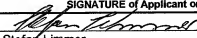
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b>		<b>Date</b>	
<b>Name</b>	Stefan Limmer	<b>Telephone</b>	011-44-9221-827620
<b>Title and Company</b>	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

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## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Claudia Woppmann</i>	Date	March 7, 2007
Name	Claudia Woppmann	Telephone	011-64-9221-82762-0
Title and Company	Inventor		

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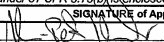
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<b>Signature</b>		<b>Date</b>	March 1, 2007
<b>Name</b>	Hans-Peter Vormlocher	<b>Telephone</b>	011-44-9221-82
<b>Title and Company</b>	Inventor		

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**SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b>	P. Hadwiger	<b>Date</b>	March 1, 2007
<b>Name</b>	Philipp Hadwiger	<b>Telephone</b>	011-44-82762-0
<b>Title and Company</b>	Inventor		4211-82762-0

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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## SIGNATURE of Applicant or Assignee of Record

<b>Signature</b>	<i>Matthias John</i>	<b>Date</b>	March 01 - 2004
<b>Name</b>	Matthias John	<b>Telephone</b>	011-44-9221-82762-0
<b>Title and Company</b>	Inventor		

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